



Montana Board of Pharmacy

Published to promote voluntary compliance of pharmacy and drug law.

PO Box 200513, 301 S Park Ave, 4th Floor,
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Prescriptive Authority of PA-Cs, APRNs, Optometrists, and Naturopaths

The office receives several inquiries each month regarding the prescriptive authority of physician assistants – certified (PA-Cs), advanced practice registered nurses (APRNs), optometrists, and naturopaths. **The following excerpts are from statute and rule and pertain to PA-Cs:**

37-20-404. Prescribing and dispensing authority – discretion of supervising physician on limitation of authority.

- (2) All dispensing activities allowed by this section must comply with 37-2-104 and with packaging and labeling guidelines developed by the board of pharmacy under Title 37, chapter 7.
- (3) The prescribing and dispensing authority granted a physician assistant – certified may include the following:
 - (a) Prescribing, dispensing, and administration of Schedule III drugs listed in 50-32-226, Schedule IV drugs listed in 50-32-229, and Schedule V drugs listed in 50-32-232 is authorized.
 - (b) Prescribing, dispensing, and administration of **Schedule II** drugs listed in 50-32-224 may be authorized for limited periods **not to exceed 34 days**.
 - (d) A physician assistant – certified shall maintain registration with the federal drug enforcement administration.
 - (e) Prescriptions written by physician assistants – certified must comply with regulations relating to prescription requirements adopted by the board of pharmacy.

24.156.1609 Prescribing/Dispensing Authority

- (1) A physician assistant – certified may prescribe, dispense and administer medications as allowed by the utilization plan.
- (3) The **physician assistant – certified's name** should be reflected as the prescriber on containers of medications dispensed upon the prescription of a physician assistant – certified.

A white paper written by the Board of Medical Examiners states that "There is no statute or rule which specifically prohibits a physician from prescribing legend or controlled substances for members of the physician's immediate family or the physician's own use, regardless of circumstances." However, the board does investigate some cases where a physician is self prescribing or prescribing for close family members. Physician assistants are held to the same standard of practice. The board cites diversion concerns as well as concerns about lack of objectivity, possible lack of appropriate documentation, and potential to overlook physical or psychological dependence while the underlying condition is ignored. It encourages practitioners to carefully consider the legal and medical disadvantages of prescribing for self or immediate family members. A copy of the board's white paper is available in the Montana Board of Pharmacy office.

The following excerpts are from rule and pertain to APRNs:

8.32.1506 Special Limitations Related to the Prescribing of Controlled Substances.

- (1) An advanced practice registered nurse will not prescribe controlled substances for self or for members of the advanced practice registered nurse's immediate family.
- (2) An advanced practice registered nurse will not provide controlled substances or prescription drugs for other than therapeutic purposes.

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- (3) A prescription for schedule II drugs will not exceed the quantity necessary for a three-month period. Prescriptions for schedule III-V drugs will not exceed the quantity necessary for a three-month period.
- (4) An advanced practice registered nurse will not prescribe refills of controlled substances unless the refill prescription is in writing.

The following excerpts are from statute and rule and pertain to optometrists:

37-10-101. Definitions – practice of optometry.

- (1) The practice of optometry is the profession constituting the art and science of visual care and includes any one of the following acts:
 - (d) the administration, dispensation, and prescription of the oral analgesics codeine, propoxyphene, hydrocodone, and dihydrocodeine, alone or in combination with nonscheduled or nonregulated drugs; and
 - (e) the administration, dispensation, and prescription of those drugs approved by the board for use in ocular treatment limited to the anterior segment of the eye and adnexa. Glaucoma may be treated.

8.36.704 Permissible Drugs.

- (1) Upon licensure or certification, the permissible drugs are as follows:
 - (a) Mydriatics: (i) Phenylephrine HCl; (ii) Hydroxyamphetamine HBr
 - (b) Cycloplegics: (i) Tropicamide; (ii) Cyclopentolate; (iii) Homatropine HBr; (iv) Atropine Sulfate
 - (c) Topical Anesthetics: (i) Proparacaine HCl; (ii) Benoxinate HCl; (iii) Pilocarpine HCl
 - (d) Miotic, only in the event of an emergency and after consultation with physician: Pilocarpine HCl

8.36.801 Therapeutic Pharmaceutical Agents.

- (1) After October 1, 1987, the only optometrists who may administer, prescribe or dispense topical ocular therapeutic agents are those who have been certified to do so by the board.

8.36.804 Approved Drugs.

- (1) The board hereby approves the following drugs for the use in ocular treatment limited to the anterior segment of the eye and adnexa:
 - (a) Anti-infective agents, including: Antibiotic; Antiviral; Antifungal; Antiparasitic;

- (b) Auto-immune agents, including: Antiallergy; Antihistamines; Decongestants; Mast cell stabilizers; Anti-anaphylaxis;
- (c) Analgesics;
- (d) Antiinflammatory agents;
- (e) Anti-glaucoma agents;
- (f) Hyperosmotic agents;
- (g) Autonomic agents;
- (h) Over the counter agents.

The following excerpts are from rule and pertain to naturopathic physicians:

24.111.511 Naturopathic Physician Natural Substance Formulary List.

- (1) Naturopathic physicians may prescribe and administer for preventive and therapeutic purposes the drugs listed in this natural substance formulary list as provided for in 37-26-301, MCA.
- (2) Naturopathic physicians may prescribe and administer all amino acids and amino acid combinations.
- (3) Naturopathic physicians may prescribe and administer antimicrobials. Naturally derived examples are: antifungal agents – nystatin (*streptomyces noursei*), griseofulvin, gentian violet; cephalaxan, cefaclor – derived from penicillium species; erythromycin and its salts (*streptomyces erythreus*); penicillins: amoxicillin, ampicillin, penicillin G, penicillin VK, cloxacillin, dicloxacillin – all derived from penicillium species; tetracycline, oxytetracycline, doxycycline, minocycline, all derived from *streptomyces* species.
- (4) Naturopathic physicians may prescribe and administer barrier contraceptives.
- (5) Naturopathic physicians may prescribe and administer all botanical extracts and their derivatives – prescription and nonprescription substances – as exemplified in traditional botanical and herbal pharmacopeia. These are to be used at accepted therapeutic dosages, which means a dose which by its actions on organs does not impair function or destroy human life. The following are examples: belladonna; atropine, atropine sulfate; carnivora; cineraria maritima; **codeine salts**; colchicine; ephedra; **ephedrine**; pseudoephedrine; ergot; ergonovine; ergotamine tartrate; methylergonovine; glycyrrhiza (licorice); **hydrocodone**; hyoscamus; hyoscyamine sulfate; hyoscyamine; scopolamine; **morphine**; nicotine preparations; **paregoric**; pilocarpine; physostigmine; quinine; rauwolfia serpentina; salicylate salts; sarapin; theophyll-

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line; thiosinimum; viscum album; iscador; iscucin; yohimbine HCL.

- (6) Naturopathic physicians may prescribe and administer electrolytes and fluid replacement.
- (7) Naturopathic physicians may prescribe and administer expectorants and mucolytics. The following are examples: acetyl cysteine; guaiaicol; iodinated glycerol; potassium iodide.
- (8) Naturopathic physicians may prescribe and administer enzyme, digestive and proteolytic preparations. The following are examples: amylase; chymotrypsin; hyaluronidase; lipase; pancreatin; pancrelipase; papain; trypsin.
- (9) Naturopathic physicians may prescribe and administer homeopathic preparations – all prescription and nonprescription remedies.
- (10) Naturopathic physicians may prescribe and administer hormones. The following are examples: adrenal; adrenal cortical extract; cortisol; DHEA; epinephrine; pregnenolone; prednisone; calcitonin; glucagon; gonadal; estrogens; conjugated estrogens; estradiol; estriol; estrone; estropipate; ethynyl estradiol; mestranol; quinestrol; progesterones; medroxyprogesterone acetate; norethindrone and salts; progesterone; progestogens; test osterone and its salts; pituitary hormones; ACTH; thymus; thyroid USP (Ex. Armour thyroid), thyroglobulin USP (Ex. Prolid), liothyronine, levothyroxine.
- (11) Naturopathic physicians may prescribe and administer liver preparations. Example: Trinsicon.
- (12) Naturopathic physicians may prescribe and administer all prescription and nonprescription minerals, trace metals and their derivatives. The following are examples: boron; calcium compounds; calcium edetate sodium; copper compounds; fluoride compounds; iodine; potassium iodide; niacinamide hydroiodide; iron salts; magnesium compounds; potassium compounds; silver nitrate; trace mineral compounds; chromium; selenium; molybdenum; vanadium; zinc compounds.
- (13) Naturopathic physicians may prescribe and dispense the following miscellaneous drugs: bile salts and acids; chenodioli; cholic acid; chenodeoxycholic acid; dehydrocholic acid; ursodeoxycholic acid; ursodioli; biological agents; urea; bee venom; digestive aides; betaine HCL; glutamic HCL agents; DMSO, DMSA, DMPS; oxygen; pyridium and pyridium plus; salicylic acid; vaccines.
- (14) Naturopathic physicians may prescribe and administer vitamins, including all prescription and nonprescription vitamin preparations and their derivatives.

(15) Naturopathic physicians may prescribe and administer childbirth preparations. The following are examples: methergine; pitocin – IM injection; rhogam; triple dye.

(16) Naturopathic physicians may prescribe and administer topical medicines. The following are examples: debridement/escharotic agents; podophyllum resin; podofilox 0.5% solution; urea cream 40%; trichloroacetic acid (TCA); miscellaneous topical agents; selenium sulfide; hydrocortisone; salicylic acid; scabicides and pediculoses – lindane, permethrin or whichever agent is the current recommended treatment for these infections; topical antibiotics; silver sulfadiazine cream; Bactroban; topical and local anesthetics; ethyl chloride spray; fluoroethyl spray; fluoro-methane spray; lidocaine HCL; procaine HCL.

Calling All Registered Technicians:

If you are presently in active practice and have at least five years of experience as a pharmacy technician, you are eligible to apply for appointment to the Board of Pharmacy. Letters of intent should be sent to Governor Judy Martz for consideration.

Thanks, Tom, for a Job Well Done!

On August 31, 2003, Tom Mensing will step down from his position as our sole compliance officer. Tom has served as a resource for countless pharmacists in the field. His far-reaching knowledge of pharmacy practice and command of pharmacy law has been a great asset to the pharmacists of Montana, and certainly to our Board. We wish him well, and thank him for five years of exceptional performance. The practice of pharmacy in Montana is a better one because Tom came our way. Thanks, Tom . . . you are one in a million and we'll miss you! Happy Trails. . .

Notes from the Field

June 1, 2003

News of my demise is premature; however, news of my imminent retirement is true. After five years as "compliance specialist" for the Montana Board of Pharmacy, I am looking forward to another stage with both eagerness and trepidation.

Five years is a short history (it is more like a rerun) but that is the length of compliance history in Montana and I have been privileged to be a part of its development. It must be said that Montana pharmacists did an admirable job of staying in line with the requirements of the statutes and rules for the 20 years they had no regulatory visits.

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Pharmacy issues have changed in the past five years (or is it 25 years?). Most pharmacies have initiated technology, enabling them to fill more prescriptions accurately in less time. Most of our pharmacies are utilizing technicians, now licensed by the Board, and some have applied for increased ratios. The new Pharmacy Practice Act of 2001 has provided opportunities for pharmacists in many areas. Montana now has a number of pharmacies specializing in compounding and one nuclear pharmacy. Of course, any list of changes will have to include the Health Insurance Portability and Accountability Act. On the negative side, Montana pharmacies have experienced an increase in the number of robberies and burglaries in the past five years. Pharmacists now must address the continuing security of their pharmacies to not only protect product, but to provide safety for their personnel. I have also seen an increase in the number of diversion cases by consumers, pharmacists, and other professionals.

Looking forward, I anticipate an increase in the use of technology (good), an increase in the use of certified pharmacy technicians (good), and the advent of remote telepharmacy for rural areas (good). I anticipate that pharmacy benefit managers and drug importation issues will not go away soon (bad); continuing problems with diversion, counterfeiting, burglaries, and robberies (bad); and increased regulation of the industry (you choose). It is becoming apparent that a better way to govern the practice would be to regulate based upon desired outcomes rather than on the process that leads to the outcomes. It is the outcome (correct patient, drug, dose, and instructions; correct information and monitoring; safe and secure drug inventory; and accurate, secure, and confidential patient records; etc) that is becoming of primary importance. This will require more policies and documentation than we are used to, but it will involve less specific regulation of the process.

For Karen and me (and the brown dog), this has been an exciting and rewarding five years. Your acceptance of me in your pharmacies has been cooperative and welcoming. I have said many times that this job is made easy by the compliant and motivated attitudes of pharmacists. We do what we do because we want to help and because we want to do it well!

Please welcome the person or persons who follow as compliance specialist for your Board of Pharmacy. I guess I will go now and try to find the answers to life's persistent questions.

Namaste,

Tom Mensing

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Rebecca "Becky" Deschamps, RPh - State News Editor
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National Association of Boards of Pharmacy Foundation, Inc
700 Busse Highway
Park Ridge, Illinois 60068
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